

County of Gloucester
Human Resources Manual

CHAPTER:	7 – CONDUCT AND PERFORMANCE	ADOPTED: 11/4/09
SECTION:	7 – PROHIBITION OF DISCRIMINATION, HARASSMENT OR HOSTILE ENVIRONMENTS IN THE WORKPLACE	REVISED: 12/21/11

**EXHIBIT F – PRE-INTAKE QUESTIONNAIRE FOR EMPLOYMENT
COMPLAINTS**

Please print all information clearly.

SECTION 1: Complete section #1 below if you are employed by the County.

Complainant Last Name:		First Name & Middle Initial:	
Position:		Hire Date:	
Department:		Work Phone Number:	
Email Address:		Cell Phone Number:	
Home Address:		Home Phone Number:	

Employment Status: ☐ Permanent ☐ Temporary ☐ Classified ☐ Unclassified ☐ Sworn ☐ Full-Time ☐ Part-Time

SECTION B: Complete section #2 below if NOT employed by the County.

Name of Company		Last Name, First Name & Middle Initial	
Email Address:		Cell or Home Phone Number:	
Mailing Address:		Work Phone Number:	

If you will be represented by an attorney, please provide the attorney's name and phone number.	Address:
Name:	Phone Number:

County of Gloucester
Human Resources Manual

Have you filed a complaint of discrimination regarding this matter with the Division on Civil Rights, EEOC, or any state or other local agency, State or federal court within the last year? If so, where, when and what is the status of this case? Please complete below:
Agency/Court Name:
Approximate Date Filed (mm/dd/yyyy):
Complaint or Charge Number (if known):

Supervisor's Name:		Title:		Phone Number:	
---------------------------	--	---------------	--	----------------------	--

Basis for Discrimination

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age | <input type="checkbox"/> Creed/Religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Over 40 | <input type="checkbox"/> Married | <input type="checkbox"/> Physical | <input type="checkbox"/> Gay | <input type="checkbox"/> Female |
| <input type="checkbox"/> Under 40 | <input type="checkbox"/> Single | <input type="checkbox"/> Mental | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Male |
| Age: _____ | <input type="checkbox"/> Divorced | <input type="checkbox"/> Denied | <input type="checkbox"/> Homosexual | <input type="checkbox"/> Sexual |
| | <input type="checkbox"/> Widow(er) | <input type="checkbox"/> Reasonable Accommodation | <input type="checkbox"/> Hetrosexual | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Guide/Service Animal | <input type="checkbox"/> Family Leave | <input type="checkbox"/> Gender | <input type="checkbox"/> Civil Union Status | <input type="checkbox"/> Domestic Partnership Status |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Liability for Service in the Armed Services | | | |

Nature of Complaint

Please indicate whether you wish to file an Employment Claim involving (check all that apply):

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Application/Enrollment | <input type="checkbox"/> Promotion | <input type="checkbox"/> Demotion | <input type="checkbox"/> Discharge / Termination |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Suspension | <input type="checkbox"/> Disability | <input type="checkbox"/> Transfer | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Qualification /Testing | <input type="checkbox"/> Wages | <input type="checkbox"/> Hostile Environment | <input type="checkbox"/> Training |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Differential Treatment | <input type="checkbox"/> Political Activity | <input type="checkbox"/> Denied Benefits | <input type="checkbox"/> Differential Pay |
| <input type="checkbox"/> Retaliation for Complaining About Discrimination | | | | |

County of Gloucester
Human Resources Manual

Do these claims additionally involve?

☐ Disability of Discrimination

☐ Sex Discrimination

Today's Date:
Date(s) Alleged Discrimination Occurred:
What was the most recent date or last date that you were allegedly discriminated against (i.e. fired, laid off, disciplined, harassed, etc.)?
If your answer to the above question is more than 180 <i>days before today</i> , please stop and contact Milton Hinton, Jr. at (856) 384-6903 to discuss your options due to the expiration of the statute of limitations.

I believe I have been discriminated against, in violation of the NJ Law Against Discrimination, the NJ Family Leave Act, and/or Title VII of the Federal Civil Rights Act of 1964, and/or Age Discrimination in Employment Act, and/or the Americans with Disabilities Act, as applicable, and/or Gloucester County's Equal Employment Opportunity Workforce Development Plan, Please write, in detail, the specific allegations of the complaint(s):

EMPLOYMENT INFORMATION

Please provide all the names, name of contact persons, addresses, and phone numbers of the persons or business you are alleging discriminated against you (fellow employee, supervisor or other person):

Name of Company or Person	Address	Phone Number

WITNESS INFORMATION

Please list any person(s) who may have witnessed the alleged discrimination (fellow employee, supervisor or other person) that we may contact for additional information:

Name	Address	Phone Number

County of Gloucester
Human Resources Manual

Was the supervisor consulted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the Department Head consulted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the Union consulted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the U.S. Equal Employment Opportunity Commission consulted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was there a U.S. Equal Employment Opportunity Commission charge filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the NJ Division on Civil Rights consulted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was there a NJ Division on Civil Rights charge filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Civil Service Employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a member of a collective bargaining unit? If yes, please provide the name and a copy of the collective bargaining agreement along with the name of union representative and contact information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed a grievance with your Union regarding this matter? If yes, please provide the status of your grievance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Resolved		

What other information is relevant to your complaint?

What remedies do you seek for a satisfactory resolution of your complaint with the Office of Equal Employment Opportunity (i.e. reinstatement, back-pay, benefits or accommodation)?

I understand that information on this pre-intake questionnaire may be shared, in whole or part, with the New Jersey Division on Civil Rights on with the U.S. Equal Employment Opportunity Commission and the Respondent indicated. In order to provide a timely complaint under penalties of perjury, I declare that I have read this pre-intake questionnaire, desire to make a complaint of discrimination and that the facts stated herein are true. I will advise the County if I change my address or telephone number and I will cooperate fully with them in the processing of my complaint in accordance with their procedures. I understand, agree and request assistance in this matter.			
Complainant's Signature:		Date:	

Please complete this form prior to appearing to file a complaint. When you come to file your complaint, you will participate in an extensive interview.

Milton W. Hinton, Jr. – EEO Officer – 856-384-6903